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FROM: Quan L. Nguyen
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OF PAGES (INCLUDING COVER): 16
DATE: June 7, 2006
TIMEKEEPER NO.: 2350
SENDER'S FAX: 215-701-2057
FILE NAME: ALLE0063-100
FILE #: 185324

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Benjamin Huh	571-273-8300
<i>Docket No.:</i> ALLE0063-100 (17638 BOT)		
<i>In re application of:</i> Dimitrova, et al.		
<i>Serial No.:</i> 10/748,999		
<i>Filed:</i> December 29, 2003		
<i>Group Art Unit:</i> 3767		
<i>Confirmation No.:</i> 8259		
<i>For:</i> BOTULINUM TOXIN INJECTION GUIDE		

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Amendment And Request For Reconsideration (10 pages)
- Exhibit 1 (1 page)
- Exhibit 2 (1 page)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL [215.665.2000] or [800.523.2900] IMMEDIATELY.

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FEE TRANSMITTAL for FY 2006		Complete If Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/748,999	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> RECEIVED CENTRAL FAX CENTER JUN 07 2006 </div>
TOTAL AMOUNT OF PAYMENT (\$) <u>0</u>		Filing Date December 29, 2003	
		First Named Inventor Dimitrova et al.	
		Examiner Name Benjamin HUH	
		Art Unit 3787	
Attorney Docket No.		Attorney Docket No. ALLE0083-100 (17388 BOT)	

METHOD OF PAYMENT (check all that apply)

- ☐ Check
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- ☒ Deposit Account
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 Deposit Account Name: Cozen O'Connor
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
14	-20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
3	-3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

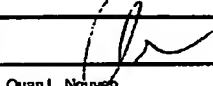
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,957	Telephone	215-665-2158	
Name (Print/Type)	Quan L. Nguyen	Date	June 7, 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/748,999	Filing Date December 29, 2003
TOTAL AMOUNT OF PAYMENT (\$) <u> </u>		First Named Inventor Dimitrova et al.	Examiner Name Benjamin HUH
		Art Unit 3767	Attorney Docket No. ALLE0063-100 (17368 BOT)

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METHOD OF PAYMENT (check all that apply)

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 ☐ None
 ☐ Other (please identify) :
- ☒ Deposit Account
 Deposit Account Number: 50-1275
 Deposit Account Name: Cozen O'Connor
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>					<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
<u>14</u>	-20 or HP= _____ x _____ = _____			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>			
<u>3</u>	- 3 or HP= _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ = _____		

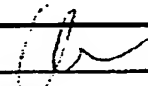
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) :

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,957	Telephone	215-665-2158
Name (Print/Type)	Quan L. Nguyen	Date	June 7, 2006		

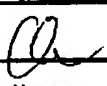
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
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/748,999
	Filing Date	December 29, 2003
	First Named Inventor	Dimitrova et al.
	Art Unit	3767
	Examiner Name	Benjamin HUH
Total Number of Pages In This Submission	Attorney Docket Number	ALLE0063-100 (17638 BOT)

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibit 1 Exhibit 2
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	June 7, 2006	Reg. No.	46,957

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Signature			
Typed or printed name	Quan L. Nguyen	Date	June 7, 2006

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